	PATENT A	PPLICATIO	RD	4419-107									
Effective January 1, 2003								1_	///	O	621	3511	
CLAMAS AS FILED - PART I (Column 1) (Co						nn 2)		SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			39				R/	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C PEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	39 minus 20=		. 19		X	9=		OR	X\$18=	349.0	0
INO	EPENDENT CL	AIMS	Zminus 3 =		*		X	12=		OR	X84=		
ΝŲ	LTIPLE DEPEN	DENT CLAIM PI	RESENT					40=			+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL		OR OR	TOTAL	Ina 9	W
CLAIMS AS AMENDED - PART II								17 (		1011	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL ENT			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVH PAID	BER OUSLY	PRESENT EXTRA	RA	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	* 19	Minus	# 3	35	= —	X\$	9=		OR	X\$18=		
AME	Independent	· 2	Minus	***	<u>3</u>	= ~	X4	12=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=		OR	+280=		1
·								OTAL	}		TOTAL		ł
		(Calumn 1)		(Calu	mn 0\	(Caluma 2)	ADDI"	r. FEE	L	OR	ADDIT. FEE	L	1
AMENDMENT B		(Column 1) CLAIMS		HIGH		(Column 3)	l		ADDI-	1		ADDI-	1
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	TE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		1
	Independent	*	Minus	***		=	X4	12=		OR	X84=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un.	<b>-</b>		1
								40=		OR	+280= TOTAL	<u> </u>	4
								r. FEE	L	OR	ADDIT. FEE		┨
<b> </b>		(Column 1) CLAIMS			mn 2)	(Column 3)	١						1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	<del></del>	=	XS	9=		OR	X\$18=	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	1
	Independent	*	Minus	***		=					<del> </del>		1
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							2=	<b></b>	PO	X84=		1
			+1	40=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		mber Previously Pa nber Previously Pa							propriate bo	7.			

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Application or Docket Number

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